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PRACTICAL VIEWS ON MEDICAL EDUCATION.

SUBMITTED TO THE MEMBERS OF THE AMERICAN MEDICAL ASSOCIATION,
BY THE MEDICAL FACULTY OF HARVARD UNIVERSITY.

[Communicated for the Boston Med. and Surg. Journal.]

THE undecided state of public opinion in regard to some of the fundamental points in a course of medical education, including among other things the portion of the term of pupilage proper to be spent in attendance on lectures, is thought, by the undersigned, to justify a further consideration of the subject. In some of its relations, this subject has already been discussed, in the Transactions of the American Medical Association for 1849, in two reports, pages 353 and 359, to which the reader is particularly referred. The following condensed, but more general view of the subject of medical education, is now respectfully submitted to the members of the Association.

Boston, July 10, 1850.

1. Medical instruction should be adapted to the power of students to receive and retain what is communicated to them, and should be confined to what is important to them in their subsequent life.

2. In modern times the constituent branches of medical science are so expanded, that they are not acquired by any physician in a life-time, and still less by a student during his pupilage. The same is true even of many individual branches. It is not, therefore, to be conceded that "a scheme of scientific instruction should embrace the whole science, and no part should be omitted;" nor that "a well-digested plan of lectures embraces all that is to be known and taught." Medical science has at this day become so unwieldy, and contains so much that is unnecessary, at least to beginners, that the attempt to explain to students the whole, is likely to involve the result of their learning but little.

3. In Chemistry, at the present time, a thorough adept is unknown. No man living knows all the recorded facts, or all that is to be known and taught, in that science. Organic chemistry alone fills large volumes, though yet in its infancy.

4. In Materia Medica there are some thousands of substances and their compounds, which possess what is called a medicinal power. Yet it is not probable that any physician effectively reads the one half, or remembers one quarter, or employs in his yearly practice one tenth, of the contents of the common dispensatories.

5. In Pathology, so complicated and various are the conditions attendant on the individual forms of disease, and their relations with idiosyncrasy, temporary condition and external agency, with organic lesions and functional disturbances, that few of the most experienced pathologists can be said to understand their whole science, or to be always competent to its successful application.

6. In Etiology, the theoretical literature of causes has spread itself out to an extent, which is burdensome and unprofitable. It is true, that "man, from his nature, is subject to suffering, disease and death;" — but it is not equally apparent, that "the causes by which these conditions are produced, are ascertainable." We know nothing of the vehicle of cholera or influenza, nor is it probably in the power of any physician, by any art, or application of his knowledge, to produce in a given healthy man, a case of common pneumonia, or of acute rheumatism, — of diabetes or Bright's kidney, — of hypertrophy or of cancer, — or even of a common boil, or wart.

7. In Therapeutics, many hundred volumes exist, such as would not have existed, could a knowledge of the cure of diseases be made so easily tangible, that it could be spread before the student in the three or five years of his pupilage.

8. In Anatomy, general and special, microscopic and transcendental; — in Physiology, with its intricate ramifications; — in Surgery, of which several subordinate specialities constitute distinct living professions; it is not to be admitted that the means or time of any ordinary course of lectures, can furnish full and complete instruction. Certainly it must be difficult to arrange a course of lectures on any of the extensive sciences which now constitute medicine, if it be indeed true, that "the teachers are not justifiable in suppressing any portion."

9. It is the business of lecturers in medical schools, to condense and abridge the sciences which they respectively teach, to distinguish their essential and elementary principles, to sift carefully the useful from the superfluous, and to confine the scope of their teachings, as far as possible, to what is true and profitable, and likely to be remembered and used by their hearers. It is unfortunately too true that, "in an extended system of instruction, there is much that the student will not master, much that will have escaped his attention, much which he ought to know, that he has not learned." The remedy appears to be, to teach him well what he can and should master, and briefly to point out to him the sources, fortunately abundant, from which he may obtain the rest.

10. Much injury is done to the cause of true learning by medical assumption, amplification and exaggeration, by premature adoption of novelties, and by tenacity of theories, personal or espoused. Students, in all former years, have expended much time in learning, what it afterwards cost them both time and trouble to unlearn; — in acquiring, not merely the truths of science, but the crude announcements and plausible doctrines of sanguine or ingenious men. How much time has been wasted in some of our distinguished seminaries, in acquiring the visionary, and now neglected, theories of Rush and Broussais!

11. The most commonly exaggerated branch of medical science is

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therapeutics. Enlightened physicians well know, that many diseases are incurable, and that others are subject to laws of duration, which cannot be interrupted by art. Yet students sometimes return from medical schools persuaded that their instructors know how to cure a large part of these diseases, and that if others are less fortunate, it is attributable to their own fault.

12. Medical teachers should keep pace with the progress of their respective sciences. Yet in their haste for the promulgation of novelties, they should not omit to give the proper consideration to the older and more settled principles of science. Medical men are liable to commit the error of adopting premature opinions, unsound practice and inconvenient changes of language and nomenclature, sometimes from a love of display, and sometimes from a want of self reliance, and a fear of being thought behind the literature of their time.

13. The length of a course of lectures is not the measure of its value to the student. A course of lectures should not outlast the curiosity of its hearers, nor their average pecuniary ability to attend. Custom in this country has generally fixed the limits of these things at about four months. A comprehensive and judicious course, confined to the enforcing of necessary points, is far more profitable than a more discursive course to a wearied and diminishing audience.

14. Lectures are chiefly wanted to impress by demonstration the practical branches of science, and they are most effective in places where the facilities for such demonstrations can be commanded. Anatomy requires extensive exhibitions by the teacher, and personal dissections by the student. Chemistry and *Materia Medica* require illustrations by specimens and experiments. Pathology needs the aid of autopsies, museums and the clinical demonstrations of large hospitals. A knowledge of Obstetrics is not perfected without apparatus and practice. Surgery is acquired by witnessing numerous operations, surgical diseases, illustrated explanations, and by personal practice on the dead body. Physical exploration is wholly demonstrative. A knowledge of auscultation can no more be acquired from books, or abstract lectures, than a knowledge of music, or of individual physiognomy.

15. The intermediate period between lectures, should be spent by students in active and original study, approved and confirmed by regular recitations, and by such opportunities as can be commanded, for practical, personal experience. Private schools for small classes, and the private teachings of individuals, who are suitably qualified and situated, are more advantageous for two thirds of the year, than either the fatiguing jostle of overcrowded rooms, or the listless routine kept up by the survivors of a passive class.

16. The usefulness of a medical school depends not so much on the length of its session, as upon the amount of education, preliminary and ultimate, which it requires, the fidelity with which it exacts its own professed requisitions, and the train of healthy exertion, active inquiry, and rigid, methodical, self-regulating study, to which it introduces its pupils. The longest lectures are of little use to students who want a common education, and whose medical education does not qualify them afterwards

to observe, to inquire and to discriminate. The exacted evidence of three years of well conducted study, is better than the exhibited ticket of a six months course.

17. The subjects most important to be well taught in medical schools, are the elementary principles which constitute the frame-work of medical sciences, and the mode of thought and inquiry which leads to just reasoning upon them. After these, most attention should be given to selecting and enforcing such practical truths, as will most certainly be wanted by the young practitioner in his future career of responsibility.

18. The things to be avoided by medical teachers, are technicalities which are unintelligible to beginners,—gratuitous assumptions and citations of doubtful authorities,—prolix dissertations on speculative topics,—excessive minuteness in regard to subjects, which are intricate and but little used, and therefore destined to be speedily forgotten. To these may be added controversies, superfluous personal eulogiums and criminations, and all self-exaggeration, personal or local.

JACOB BIGELOW, *Prof. of Materia Medica and Clinical Medicine.*

WALTER CHANNING, *Prof. of Midwifery and Med. Jurisprudence.*

JOHN WARE, *Prof. of Theory and Practice of Medicine.*

JOHN B. S. JACKSON, *Prof. of Pathological Anatomy.*

OLIVER W. HOLMES, *Prof. of Anatomy and Physiology.*

HENRY J. BIGELOW, *Prof. of Surgery.*

E. N. HORSFORD, *Prof. of Chemistry.*

INOCULATION WITH ANIMAL MATTER.

BY C. H. CLEAVELAND, M.D., WATERBURY, VT.

ABOUT the 25th of last February, while in the enjoyment of excellent health, I was asked by a near neighbor to look at a valuable mare of his, which he thought must be dying, as she was very sick and in a very unusual way. I at once stepped to his stable, and a moment's observation led me to conclude she was on the point of foaling. The owner and his hostler both denied the possibility of such being the fact. I, however, chose to be guided by the advice of my former teacher, Professor Crosby, of Dartmouth, who used frequently to tell his students, "In all things trust not too much to others, but see with your own eyes, feel with your own hands, and judge with your own judgment." Acting on it, I felt with my own hand, and very shortly drew forth a two-thirds grown colt, which had commenced to decompose.

I gave a few directions for the proper care of the animal, and after but a very brief period, carefully washed myself with water and soap. As my hand and arm retained the putrefactive odor, I again washed with care, and proceeded about my ordinary business.

At this time my hand and arm were entirely exempt from any abrasion of the skin, or any eruption; but two days afterwards, I discovered the arm to be plentifully covered with little pimples, which burned and smarted in an unusual manner, but as yet I had no suspicion of the true

cause of them. The next day these eruptions were enlarged and more painful, and I then recollected the exposure I had been subject to, and viewing the poison as an animal ferment, I applied cloths wet with strong aqua ammonia until vesication was produced on the apex of each eruptive point. Then I could see what appeared to be a dead gland in the centre of each, the glands ranging from the size of a bead to the size of a pea. I now wrapped up my arm in cloths wrung out in cold water in which acetate of lead had been dissolved to the point of saturation, and changed the application every hour or two. Seeing that this course of treatment did not arrest the disease, I took of Seidlitz powders a sufficient quantity to produce free catharsis, and after consulting with several members of the profession, who advised no change of treatment, and spoke in no very encouraging terms in regard to the final result, I concluded to try other remedies. The disease had now progressed eight days, and was affecting the general system somewhat, as was shown by a feeling of fretfulness, and general lassitude, together with rigors, and a crawling sensation in the muscles, a general lameness and soreness throughout the system, but especially in the back, and an irritability of the nerves never before felt. Yet all this time there was no apparent inflammation of the lymphatics, or swelling of the axillary glands, as I had anticipated.

I now took blue pills with the Seidlitz powders, and an infusion of the indigenous scull-cap; and in place of the acet. sat., I dissolved the hydro-chlorate of ammonia in cold water, and kept my arm constantly enveloped in cloths frequently wet in the solution, and changed as often as they became warm. Whenever the arm was allowed to remain uncovered for but a very short time, it felt as a severe burn does when held near a fire. About the twelfth or thirteenth day the arm became softened, and that day and the next I was able to press, from each swelling, cores which had been sloughed and around which pus had collected in considerable quantities. The arm was much decomposed and boggy from the elbow to the wrist, but soon healed up, leaving only a discoloration and hardness under the skin.

Now, six weeks from the first attack, my arm is nearly well and my general health nearly restored, but still, any little scratch or rupture of the skin will fester and remain a long time unhealed.

In two weeks' time I lost fourteen pounds of flesh.

I have given the history of this case that it may be a caution to members of the profession not to practise the obstetric art upon the lower animals; but mainly to add my mite to the little that is to be found recorded respecting the treatment of diseases produced by inoculation with animal matter, while undergoing spontaneous decomposition, and at the present time I beg to be excused from all theorization respecting the proximate cause of this class of diseases.

This case has another claim upon my attention than the simple one that I was the sufferer. A neighbor but a few years since died from a cause similar to the one which affected me, and I pursued a course very unlike the one which was adopted in the other. Perhaps that may be detailed at a future time.—*North. Lancet and Gaz. of Legal Medicine.*

TREATMENT OF DYSMENORRHOEA BY QUININE AND PRUSSIAN OF IRON.

BY H. A. BIGNON, M.D., AUGUSTA, GA.

THE frequent occurrence of dysmenorrhœa, and its painful and intractable character, render it a subject of deep interest to the physician. As the most approved modes of treatment often effect little more than a slight palliation, I am induced to report a few cases treated with quinine and prussiate of iron, in the hope that others may be induced to test these remedies in similar cases.

CASE I.—About the first of July, 1848, I was called to see Celia, a negro woman about 28 years of age, and of very delicate constitution: she was then laboring under dysmenorrhœa, and on inquiry I found that she had been affected with it for some nine years, during which time she had been under the treatment of several physicians, and as far as I could learn, had been put on the use of purgatives, tinct. of guaiacum, and all the usual remedies, with only slight relief, if any. I immediately prescribed a warm hip bath with mustard, and ten grains of Dover's powder, under the influence of which she was not long in falling to sleep, and got a good night's rest. On my visit the next day, I found that the pains had returned, and she was suffering very much. I suspected the existence of a clot, from the character of the pains (resembling those of labor) and immediately gave her a teaspoonful of the wine of ergot, and repeated the dose about every ten minutes, until she had taken three spoonfuls, after which she passed a clot about the size and shape of an almond, to the entire relief of all her suffering. I prescribed another hip bath and ten grs. of Dover's powder for the night, and left her.

I did not see my patient again until about two weeks after, when she came to see if I could not give her something to prevent her suffering so much at the next approach of the catamenia. I put her on the use of pills, consisting of three grains of quinine and three grains of prussiate of iron, of which she was to take one three times a-day, and gave her a mixture of camphor (Dewees) to take in case she suffered much at the next period, and did not see her again until about one week after she had had a return of the discharge (making about three weeks since my last interview with her), when she came to get more of the pills, saying that she thought they had helped her a good deal, but not cured her. I made another box of the pills, and kept her on the use of them for the space of about six months, when she came to me quite another looking woman, and entirely free from the disease. I have seen her frequently since, and she continues well.

CASE II.—Maria, a negro woman, aged about 32 years, and of slight frame, applied to me in the month of September, 1848, for the relief of dysmenorrhœa, which she had had since a cold caught after confinement seven years previous. As the case was very similar to the previous one, I will not go into a detail of it, but merely say that I put her upon the same treatment, and in the space of about seven months I had the gratification of seeing her quite well again.

CASE III.—Ann, a negro woman, aged about 20 years, well made

and of large stature, applied to me in the month of November, 1849, for the relief of dysmenorrhœa. The case was similar to the others, excepting that Ann was then nursing a child of 3 years of age, and also complained more of pain in the back than did the others. I put her upon the same treatment as the other cases, with the addition of a blister to the sacrum, and made her wean the child. This case is under my care at the present time, and at the last period she says that the discharge was quite natural, and that the pain was scarcely to be felt.—*Southern Med. and Surg. Jour.*

ON THE TREATMENT OF PHTHISIS PULMONALIS.

BY JOHN HUGHES BENNETT, M.D., F.R.S.E., PROFESSOR OF THE INSTITUTES OF MEDICINE AND OF CLINICAL MEDICINE IN THE UNIVERSITY OF EDINBURGH.

IN a former communication I endeavored to show, that phthisis pulmonalis originated in a derangement of the digestive organs, which materially interfered with a healthy formation of blood, and the nutrition of the body; that, under such circumstances, exudations of a tubercular character were very liable to be poured into the lungs, which presented a great tendency to disintegrate and produce ulcerations in those organs, and that a rational treatment must be directed, first to an improvement of the nutritive functions, whereby the healthy constitution of the blood may be restored; and second, to the adoption of such means as will prevent fresh local exudations, and arrest the ulcerative disposition of such as are already formed. I further pointed out, that the first indication was to be fulfilled by overcoming the dyspepsia, improving the diet, and especially by giving animal oil—a material essential for the support of the tissues, but which in phthisical cases, owing to the derangement of the alimentary canal, was not assimilated in sufficient quantity.

The good effects of cod-liver oil in this disease are now generally admitted by the profession. It would, however, be very erroneous to imagine that this remedy is of itself sufficient to cure cases of phthisis, or that other means and precautions should be neglected. On the contrary, great management and skill are required during the progress of the disease to meet numerous occasional symptoms, to cause avoidance of those circumstances which are likely to induce exacerbations, and by the alternate employment and suspension of the most useful remedies, to derive from each what may be advantageous to the patient, without pushing it so far as to occasion injurious consequences. It is only by studying individual examples of the disease, and observing the numerous and varied combinations of symptoms and indications that each presents, that the treatment of phthisis, and the difficulties the practitioner has to combat, can in any way be understood. Statistical details, by which the effects of any plan of treatment are tested, by jumbling together cases essentially different in their nature and progress, so far from assisting the practitioner, or advancing our knowledge, are not only useless at the bed-side, but, by causing an idea of certitude, which has no real existence, must ultimately lead to great disappointment.

[Cases are here related, one of them showing the good effects of constant care and proper treatment, during eight years, resulting in a cure; others, relieved or cured more speedily; and one, in which the patient afterwards died of a fever, and whose lungs revealed the puckered state, indicative of former tuberculous cavities, nearly healed. In all the cases, Dr. B. says, "improvement was contemporaneous with the period when cod-liver oil was digested and rendered assimilable to the wants of the economy."]

Our ideas with regard to the good effects of treatment, however, would be very limited, if we confined our observation merely to such cases as could be shown to have undergone a permanent cure. Such is the difficulty of following the progress of these cases, that they must always be limited in number. I am disposed, however, to believe, that the more extended a knowledge of the pathology and diagnosis of phthisis becomes, and the more generally a treatment, founded on the principles I am contending for, is adopted, the more they will increase in number. But the advantage of a rational treatment may be observed in most cases of phthisis, although an ultimate cure is not attained. Life may certainly be prolonged, and the distressing symptoms greatly ameliorated. No doubt, it will always be difficult to ascertain how much of the benefit is to be attributed to art, and how much to nature; but when we ascribe an analeptic power to an oleaginous substance, and find, on its administration, that the nourishment of the individual is improved, that his strength augments, and a check is given to the disease, our faith in the remedy augments the more frequently these circumstances are witnessed.

I could give a great number of cases observed in private, dispensary and hospital practice, in which the apparent good effects of the treatment were extraordinary, but in which either the termination of the case is unknown, or where the disease ultimately proved fatal. The following are instances of this:—

[Three cases are here detailed by Dr. B.]

I have confined my illustrations of the treatment of phthisis to well-marked cases, in which it was far advanced, and I think that the facts recorded hold out to us great encouragement in the treatment of this formidable disease. In the early stages its management is not so difficult, and is comparatively much more successful; not, indeed, that even then it is always easy to overcome the dyspepsia and other causes which tend to produce and keep up the disorder. When the stomach is deranged, it often requires a variety of remedies to counteract its irritability and acidity, before nutritive substances can be taken. In other instances, however, especially when it exists in the half-starved poor, food is taken readily, and then amendment is generally soon observed. Again, although cod-liver oil may for a time be digested, it not unfrequently after a time causes nausea, and cannot be tolerated, and under such circumstances chalybeates, with tonics, constitute valuable auxiliaries.

Perhaps there is nothing that requires greater watchfulness on the part of the practitioner during his attendance on a case of phthisis, than the disposition his patient so commonly exhibits to consider himself well

on the removal of his more urgent symptoms. I have found this to be the great obstacle to conducting cases of phthisis to a favorable termination : indeed, nothing can be more discouraging to our attempts at cure. Hospital patients, for instance, who continue well when under treatment, at length insist on going out, and returning to the fatiguing occupations and insufficient diet which produced the disease. In the higher classes individuals commit all kinds of imprudencies, which bring on those recurrences of the disorder which ought to be so carefully guarded against. The hopeful character, and absence of mental depression, which in one point of view are so advantageous, are in another most injurious. We have seen that it always requires a considerable time, under the most favorable circumstances, to produce complete cicatrization of a pulmonary cavern ; and it must be evident that our ordinary hospitals are in no way adapted to such a lengthened treatment. Indeed, unless they were converted into asylums or hygienic establishments, in which employment and exercise, as well as medicines, were given to the inmates, the most important part of the treatment cannot be carried out. In short, it is comparatively easy to rally a patient from a state of great exhaustion, to check the perspirations, cough and expectoration, and restore him to a tolerable state of health ; but it is very difficult, he being in a satisfactory condition, to persuade him to keep himself so.

An equable temperature is certainly a most powerful auxiliary to treatment ; but if, for the purpose of obtaining this advantage, we shut up our patients in rooms, the constraint often becomes intolerable, and a degree of mental depression comes on that does much mischief. Besides, in this way we lose the advantage of exercise, which is so powerful a stimulus to the nutritive functions. On the other hand, when a cavity becomes dry, when exudation is checked, and food digested, we run considerable risk during the winter, but more especially during the spring, in permitting exposure to the cold air, and the excitement, heat and subsequent chills which, in such weak individuals, exercise occasions. On these points no absolute rule ought to be followed. I have confined several patients to their rooms during cold and changeable weather with much advantage ; and they have subsequently died from imprudent exposure to cold during a voyage to a milder climate, or from some accidental cause that ought to have been avoided. Three cases in which I felt much interested, with large cavities, were in this way, in conjunction with a proper treatment, kept alive, and in tolerable health, from one to three years ; but died on leaving ship, or on landing in some colony. On the other hand, I have seen great advantage from persons taking moderate exercise, well clothed, and cautioned against standing or sitting in the open air afterwards, so as not to take chill.

Then the complications and occasional symptoms which occur in this disease, present a wide field for the judicious interference of the physician, who will achieve more by saving his patient from unnecessary drugs, and giving nature fair play, than by what is called "doing something." For instance, I have never been able to satisfy myself of the advantage of giving mineral acids to check the perspirations.

In such cases the stomach is generally already too acid ; the albuminous matters are easily digested, whilst the oily principles are not. Surely acids will not improve this condition, but rather alkalies, as recommended by Dr. Campbell, which I have always found very useful in certain states of the digestive process. If the recent researches of Bernard on the functions of the pancreas be attended to, it would appear that the secretion of that organ is alkaline, and necessary for the assimilation of fatty matters. It is very possible that the peculiar dyspepsia of phthisical cases is connected with a deficient secretion of the pancreatic juice. But not to enter upon speculations of this kind, I regard it as an undoubted fact, that the perspirations in phthisis are only evidences of the weakness of the individual. Restore his appetite and power of digestion, increase his strength, and the sweatings disappear. This is not to be done by giving sulphuric or nitric acid, but by cod-liver oil, and a wholesome diet.

I must now bring these remarks to a close, with the intention, however, of continuing the subject at some future period ; but I cannot do so, without alluding to the diagnosis of phthisis, and expressing my conviction that the general notion of its incurability is mainly attributable to the fact that it is not recognized until it be far advanced. And yet there is, perhaps, no disease which by one practised in auscultation, may be more readily detected. The harsh or tubular inspiration, the prolonged expiration, the increased vocal resonance, followed by dullness on percussion, together with the well-known general symptoms, can leave little doubt in the minds of the observant. True, there will always be instances so nicely balanced between health and disease, as well as pathological conditions so fine, that they do not furnish indications that will enable us to speak positively. Still, if practitioners only accustomed themselves to detect the signs above mentioned, phthisis would in a great measure be disarmed of its terrors. In short, it is not that medical art is destitute of means of detection, but that the necessary skill is not sufficiently diffused among medical practitioners ; for notwithstanding all that has been said and written on auscultation since the days of Laennec, it must be acknowledged among ourselves, that comparatively very few have sufficiently educated their ears to detect the finer thoracic murmurs.

The instances which have come under my notice, illustrative of errors in diagnosis, appear to me capable of showing, that the fatality of phthisis pulmonalis is in a great measure owing to its insidious progress, to its reaching an advanced stage before it is detected, or to carelessness in medical examination, rather than to any peculiar virulence of the disease itself. Many diseases, undoubtedly curable in an early stage, if undiscovered and allowed to proceed unchecked, might be considered equally fatal. In this point of view, it has always appeared to me that our large charitable institutions are incapable of checking the evil. At our dispensaries, and among the out-cases of a large hospital, it is scarcely possible for the physician, on the stated days, to do justice to his patients. I have no hesitation in confessing that on more than one occasion I myself have been prevented from carefully examining patients, from sheer

fatigue. I believe the following to be a very common history of many applicants to these charities:—

A girl, æt. 19, applied to one of the dispensaries, complaining of irregular menstruation, constipation, want of appetite, and various dyspeptic symptoms. She was ordered twelve purgative pills, and directed to take two every other night. Her chest was not examined. Three months afterwards she again applied, with hacking dry cough. She was ordered an anodyne and squill mixture, which increased the nausea and dyspeptic symptoms; but she had her bottle filled regularly for two months. Diarrhœa now came on, which greatly reduced her; and on applying for the third time at the Dispensary, it was *now* seen that she was consumptive. The disease ran a very rapid progress, and she died in the Royal Infirmary.

Now this, I believe, is the case of thousands of persons who perish from consumption; and I feel satisfied that, had the diagnosis of the disease been properly established at an early period, its onward march might have been arrested. Phthisis, at this period, may be considered a very curable disease; indeed, so much so, that cure is, as we have seen, spontaneously accomplished by nature, in a vast number of cases. So long as misery and poverty exist on the one hand, and dissipation and enervating luxuries on the other, so long will the causes be in operation which induce this terrible disease. But the means of checking and controlling it on a large scale must be sought, not in drugs, but in hygienic conditions, and the diffusion among medical men of that knowledge and skill requisite for detecting the existence of the disease in its early conditions. In short, one of the most efficacious remedies consists in those practical instructions of the medical student at the bed-side, which are now systematically carried on in the clinical wards of this and some other schools of medicine.

In conclusion, let no one undervalue percussion and auscultation. And I say this, because I feel satisfied that, notwithstanding every body now-a-days carries about a stethoscope, there are few who derive from it all the advantages it is capable of bestowing. I would take the liberty of recommending to certain writers, in their popular expositions, to avoid sarcasms which are only calculated to excuse indolence in students, and to depreciate the value of the scientific investigation of disease among practitioners. It is certainly a good thing to possess the sagacity and practical tact of a Sydenham or an Abercrombie; but it is better still to have, *in addition* to this, the practised ears and pathological knowledge of a Laennec or a Louis.—*Abridged from the Edinburgh Monthly Journal of Medicine.*

CANCER OF THE MALE BREAST.

CANCER of the male breast is rarely met with, and the causes of this fact are sufficiently obvious; yet we sometimes meet with such cases, and find them, unfortunately, as intractable and destructive as when the disease is seated in the female breast. Dr. Walshe states, in his work

on Cancer, page 485, that the impression that the disease is in the male breast less commonly attended with development of visceral cancer appears to him a point requiring further investigation; and he gives cases from Velpeau, Travers and Cruveilhier, where visceral disease had taken place. Still he thinks that there seems evidence sufficient to show, that excision may be undertaken with better chance of ultimate success in the male than in the female. The case which we have to lay before our readers is one which seems to point to a cancerous diathesis developed in the rudimentary mammary gland by a violent exciting cause, this having been more or less the case in the various examples of cancer of the male breast which have been recorded. We have to thank Mr. Keyworth for the following history:—

The patient is a spare but healthy-looking man of 60, a native of Harwich, and has been engaged at sea all his life. He was admitted into Isaac's ward, St. Thomas's Hospital, under the care of Mr. South, December 13th, 1849, with scirrhus disease of the right mammary gland.

The patient, more than four years before admission, received a severe blow from a windlass upon the right shoulder, and fainted under the violence of the shock. Ten days later a small circumscribed swelling appeared in the right breast, but this little tumor disappeared by means of frictions with oil. Six months afterwards, however, the swelling re-appeared, and rapidly increased subsequently to a violent fall on the shoulder, which the patient met with at that time. Yet no pain was felt during a long period until seven or eight months before admission, when the tumor had acquired the size of the clenched fist. Ulceration now came on, and was accompanied by sharp-cutting pains, which were of the remitting type. The sore grew daily larger, and about six months before the patient presented himself at the Hospital the glands of the right axilla swelled and became very painful. The irritation was, however, not confined to the right side, as the left axilla soon became affected in a similar manner, this having taken place about three months before admission.

When the patient came into the Hospital the pain was almost constant, sharp, lancinating, worse at night, and frequently preventing sleep. During the development of this distressing complaint, his general health remained in tolerable condition, which is rather to be wondered at, since his habits are rather irregular. No trace of hereditary taint could be discovered in his family. Patient used out of the house an ointment of verdigris with some relief.

On examination a sore was found on the right breast, the size of the palm of the hand, with ragged everted edges; the discharge was not considerable, but of a very fetid odor. The nipple was destroyed, but the ulcer did not appear to extend much deeper than the integument. Under these circumstances it was evident that none but palliative means could be attempted; excision, at this stage of the disease, was out of the question, and the patient remained in the house but a short time. Since his discharge he has attended, at distant periods, as out-patient; the sore has been spreading, but not very rapidly, and the glands of both axillæ remain in the same condition. It would appear as if the disease

could not take so firm, or rather so destructive, a hold upon the rudimentary gland of the male as upon the fully-developed mamma of the female. Here the discharge has never been considerable, and the ulceration has spread more in breadth than depth, without materially affecting the health of the subject. The latter will, however, hardly escape the weakening effect of such a complaint, which, unfortunately, must sooner or later act in a prejudicial manner upon the system.

In casting a glance over the history of the case, one can hardly help raising this question—what would have happened had the patient applied for relief long before the ulcerative stage came on? According to Dr. Walshe, a tolerable chance of totally extirpating the disease might then have attended an operation; and it is to be regretted that patients are so tardy in seeking relief at the hands of regular practitioners, and that they often will allow their complaints to be tampered with by ignorant and mischievous pretenders.—*London Lancet*.

NEURALGIA VS. TOOTH-ACHE.

BY S. M. SHEPHERD, D.D.S., OF PITTSBURG, VA.

NEURALGIA has become a very fashionable disease now-a-days, and many persons suffer long and severely, and ransack the whole materia medica in search of remedies; and finally an examination of the teeth is thought of, the very first thing that should have been done. In nine cases out of ten of supposed neuralgia, the extraction of some badly-decayed tooth, which the suffering individual knows ought to have been out more than a year ago, perhaps, would cause a subsidence of all symptoms of neuralgia.

As a prominent example of the above, I am induced to report the following case:—Miss C. W., a resident of this town, of delicate constitution, was attacked with severe pain in the right side of the head, neck and shoulder, about twelve months ago; and from the severity of the pain, and other circumstances attending it, she came to the conclusion that it was neuralgia; and by concurrence with her medical adviser, her opinion was confirmed. She used, therefore, all possible remedies for that disease, without success. In the meantime her attacks were growing more frequent and more severe; and for the last two or three months, they occurred daily at precisely 5 o'clock in the afternoon, and continued with the most intense severity until midnight; when the pain would begin gradually to subside, growing less and less until she was perfectly easy. These daily attacks came on with such perfect regularity that, to use her own words, "5 o'clock was a terror to her before it came." At this stage of the disease she was in Baltimore, whether in search of medical advice or not, I do not know; but while there she consulted Dr. B., an eminent physician of that city; and he advised her to have her teeth examined, intimating that they might be involved; he gave her, at the same time, a prescription for neuralgia, to be used in case the teeth were not at fault. With this advice she returned home, and sent for me, and related to me substantially what I have stated

above. I examined her teeth, and found the inferior wisdom tooth of the right side decayed to the nerve, and I gave it as my opinion that all her "neuralgia" originated there; I therefore advised its immediate extraction, to which she assented. The first day after the tooth was extracted she had very little pain, the next still less, and the third none at all.

Thus a perfect cure was effected, of what perhaps nineteen out of twenty of our very best physicians would have pronounced neuralgia, without once thinking of the teeth, by the the simple extraction of a bad tooth.

I do not offer the above as a case of rare occurrence; I have often met with such in the course of my dental practice, as doubtless dentists in general have; and I cannot account for the fact, that physicians so generally prescribe for neuralgia, without once thinking of the teeth, when there is so striking a similarity to true neuralgia in many cases of tooth-ache. In the case above, there were some striking peculiarities, which would have been, perhaps, sufficient to screen the most vigilant from the charge of superficiality in the examination of his patients, though he might have forgotten the teeth. The duration, the regular increase of pain, the extent to which the system was affected, and when the attacks became daily, the perfect uniformity as to the time of commencement, together with the nervous temperament of the subject, were all circumstances well calculated to mislead the judgment; and yet this proved to be a case of tooth-ache, a fact which might have been proved just as easily in its very commencement, if an examination of the teeth had been once thought of as a matter of any consequence.—*Amer. Jour. of Dental Science.*

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JULY 17, 1850.

EDITORIAL CORRESPONDENCE.

In passing from city to city, although intent upon studying the professional resources of the country towns, there is but little found worthy of observation in that line. There are surgeons and physicians, as with us, and apothecaries—the last of whom not unfrequently being successful practitioners. Surgeons, so called, are *Misters*, and never addressed as "Doctors." In all emergencies, where danger to the patient of a surgeon is apprehended, a physician is called in consultation. In Edinburgh, it costs a hundred or more guineas to become a member of the College of Physicians, consequently the number of members is not large; but being thus honorably associated, they are considered by the public as possessing more knowledge and higher professional qualifications than ordinary medical gentlemen who cannot afford to pay so large a sum for entrance. While moving onward, by post-coaches, railways and steamers, we have omitted nothing on the way, which was supposed to be worthy of notice, although the first inquiry has invariably related to matters legitimately connected with medicine and its branches. We went forty miles from the

direct route to London, to the Staffordshire potteries, for the express purpose of witnessing the mechanical processes of making earthen ware—plates, bowls, pitchers, pans, &c. At the conclusion of the visit to various establishments, it was resolved, unanimously, that there was nothing marvellous in the potteries. Before many years, articles now manufactured exclusively in Staffordshire, will be produced with equal facility in the States. There is more ingenuity displayed in the manufacture of statuettes, those beautifully wrought miniature busts, seen occasionally in the shop windows, than in any other department of clay-work at Stoke-upon-Trent. A model of clay is first produced; the arms, limbs and head, if of a difficult form to make a mould from, are cut off, and each moulded by itself in plaster. The separate pieces are then cemented together, looking very rough and coarse. It is carefully smoothed, with a variety of delicate steel tools, and each toe and finger nicely and distinctly finished—and in short, each little figure requires the labor of many hours, if not days, till its proportions are faultless in the eye of the artist. All the while the material is soft, but of a yellowish-white color. It is next placed in an earthen box, closely covered, subjected to the intense heat of a furnace, or rather pottery oven, for about thirty-six hours. On being removed, it is gradually cooled, before being exposed to the air. It is diminished very much in volume by the baking. It again passes under the severe scrutiny of the artist, and finally takes its place among saleable goods. The material of which statuettes are produced, is spar; but the kind, or the locality where it is obtained, has not been ascertained. The same material of which the dentists in Boston manufacture mineral teeth, without doubt would be admirable for these elegantly finished, ornamental figures. Singular as it may appear, they can be purchased, in any of the principal American cities, at about the cost of them at the furnaces.

We also made a pilgrimage to the birth-place and tomb of Shakspeare, at Stratford-upon-Avon. The identical room in which the poet of the world was born, is still in existence, in all its pristine homeliness. Probably in his childhood, he sat in the recesses of the great stone fire place, still to be seen, and which is so curious in this age of coal-burning. Even the stone floors remain, unimpaired, and as they were in the lifetime of his parents. At the church where his remains are deposited, with his family kindred, is a slab, bearing the inscription, so familiar to every reader, which effectually protects his mortal parts from violation.

York, with its monster cathedral, unequalled in grandeur and beauty of design or workmanship, in England, must be seen to be comprehended. Being present during divine service, an opportunity was afforded of both feeling and hearing the great organ. One of the pipes is square, thirty-two feet in length, by three feet and two inches in diameter. When such tubes yield musical sounds, the very walls of the old Gothic structure seem to vibrate. Birmingham was also surveyed, with some of its most celebrated manufacturing establishments. Whatever can be achieved by the mere action of human fingers, is here thoroughly executed. Very little labor-saving machinery is in use. Silver-plated ware, extraordinary specimens of rich chased work, silvering by electro-typing, German or white metal, and the execution of complicated, bold, rich designs in metal, for ornamental purposes, abound. In a single steel pen manufacturing concern, six hundred female operatives were employed, in doing the lighter part of the work. It was stated by a person who explained each apartment, in passing through, that the proprietors presumed that they made

three pens, annually, for every person on the globe. A fair was held there three successive days, commencing May 23d, and consequently confusion reigned in certain directions. Shows, theatrical displays, music, exhibitions of all imaginable kinds, from Punch and Judy to a dancing monkey, occupied extensive lines in the middle of wide streets.

Gradually approaching London, we took a view of the various colleges at Oxford. Old age is visible on their fronts, but they are, nevertheless, impressive in their architectural dotage. No description would adequately explain their appearance or their rich literary contents. The Bodleian library overwhelms the spectator with its immensity. Bibliographic gems abound in it, no where else to be found. The latin exercises of Queen Elizabeth, when a child, written by her own hand, are carefully preserved. Even the identical lanthorn taken from Guy Fawks, under the Parliament house, which he was preparing to blow up, has got into good company. Numerous old ruins, embracing Killingworth castle, Blenheim, at Woodstock, &c. must be passed over with the mention of their names.

The Hardships of Young Physicians.—It has become a proverb, not only in the profession, but out of it, that it requires from five to ten years starvation before the young physician can support himself upon his collected receipts. He may possess all the qualifications requisite to constitute a good physician, he may have rendered excellent service in cases where he has attended, but he cannot be appreciated and patronized, for he is a young man, *inexperienced* in the mysteries of a sick chamber, and therefore cannot cure disease. How is experience in such a case to be obtained? for the people upon whom he relies for support will not give it, until he has had a certain *number of years' practice*. This practice, if obtained at all, is of that peculiar kind which may perhaps benefit his patient, but "enriches not him." He waits upon the poor, whose compensative means are very limited, although at times he receives from them that which is priceless—a heartfelt gratitude and the invoking of heaven's blessings. The better or richer class seldom employ the young physician unless compelled to by accidental circumstances. Their creed is, if we *pay*, we will have what is considered best—though it is allowable that they are often incompetent to decide upon the question of qualifications. A physician who can repeat every word he has ever read on medical subjects, and be able to tell you the number of fibrils in any given muscle, may yet be unable to distinguish one disease from another, or decide upon a proper course of treatment. This same class of patients who never employ the young physician because they have no confidence in him, do not hesitate, in numberless instances, to purchase secret nostrums, or even to employ the parties who prepare them. If any new *pathy* should be introduced among the people, it only requires its founder to demonstrate its wonderful principles, and promise *impossibilities*, in order to succeed in obtaining advocates and plenty of patronage. The self-vaunted quack gets a large harvest, and that, too, from only a six-months or year's *practice*. Every one has confidence in him, to be sure, for he *promises* so much, and can tell exactly what *ails* a person at the first glance. Perhaps this wonderful doctor has often to go miles to see a patient; or, may be, his fame is such, that the halt, the lame and blind come from afar to him to be *cured*.

In the practice of medicine, it would appear, then, that it requires a

certain amount of egotism to succeed well. It is one of the weaknesses of our nature, to believe in impossibilities, and the more our credulity is imposed upon, the more believing and satisfied are we. Now what encouragement can there possibly be for the young educated physician, fresh from his college, although his brow may be covered with laurels of distinction. He has only to look around him to see, that it is not always true merit that makes the practitioner! There is Dr. A., who has been in practice some twelve or fifteen years, but cannot with his earnings pay his office dues. Drs. B. and C. are as badly off; while Drs. D. and E., having been in practice about the same time, are taking the better part of the business. The three first-mentioned doctors are known to be men of science and of rare attainments; even the public themselves are willing to allow that; while the other medical gentlemen are not so well informed, nor in any respect so well qualified for their posts. It does not require much perception, likewise, for him to see that the arrant quack is not only on a par with the educated physician, but in many cases the palm is given to him. It is true, the success of this class is not permanent, as they stay only long enough in one place to fleece the pockets of their victims there. It would be well if the matter ended here; but it does not, for as soon as one class of quacks lose caste, there are others, more pretending, ready to spring up.

The law does not shield the educated physician in this country. As *everything* must be upon the republican principle, it would be considered unjust to give any protection to certain individuals, or restrain an illegitimate practitioner in obtaining his ill-gotten gains. Yet it is the duty of legislators to give this subject the consideration which a matter of so much importance demands.

Dr. Bennett on the Curability of Phthisis.—In another part of the Journal of to-day, will be found an abridged paper from the pen of Dr. John H. Bennett, on the treatment and curability of phthisis. The learned doctor would have us believe that phthisis originates in a derangement of the digestive organs, and that if the dyspepsia can be *cured*, then with a good generous diet, and plenty of cod-liver oil, the patient may have a tuberculous cavity cicatrize, and finally regain his health. As to the diagnosis of tubercles, Dr. Bennett thinks there can be no mistake; an ear little practised will readily detect them. Numerous cases are given by him in which tubercle was evidently in a state of softening, yet under his treatment the patients recovered. Cases are also cited, where patients had been treated for pulmonary disease, when none existed, and some had been treated for other affections when the whole difficulty was in the lungs. That phthisis is the consequence of indigestion, we cannot believe with the learned doctor; that dyspepsia generally accompanies this fatal malady, is well known. Those predisposed to tuberculous disease, have the appearance of dyspeptics, and no doubt many of them may suffer from impaired digestive functions; yet we cannot see why there should be any special affinity between the two affections. We have, times without number, been consulted by quite elderly persons of both sexes, for derangement of the digestive organs, they being considered, in the common acceptation of the term, *dyspeptics*; yet their lungs were as sound as could be wished for. We have now a case on hand, the patient a lady in her 60th year, who has suffered more or less, for the last forty years, from derangement of the

digestive organs—but otherwise she is well. Then we have had phthisical patients who never suffered from stomach difficulties, and continued to digest their food well until a few days previous to death. We therefore think Dr. Bennett must be wrong in his conclusions as to the causes of phthisis; at least, his views and observations do not accord with ours. So far as regards the curability of the disease, or the use of any agent that will prevent the formation of tubercles or rid the lungs of those already formed, we are sorry to say we have little faith in either. We have seen, in the cadaver, lungs that had the appearance of once being diseased, and the history of the patient made it probable that they had been tuberculous, and that the patient got well of consumption and finally died of some other disease; but we believe nature performed the cure *unassisted*. In our opinion art is of very little avail in the cure of decided phthisis. Stomachs that will not digest the ordinary food of patients, cannot be expected to do any better with the cod-liver oil, even if it is medicine. Yet we would not say a word to discourage the most thorough investigations respecting this insidious disease, and shall at all times be happy to record cases of what may be considered successful treatment.

As to a *theory* of the nature of phthisis and the best means of arresting it, one has for a long time occupied our attention, and we may soon lay it before our readers. In the mean time, it is our endeavor to make an analysis of other theories and speculations on the subject, and compare notes.

Signor Sarti's Anatomical, Physiological and Pathological Collection.—We lately visited Signor Sarti's collection of wax figures, which represent the structure and divisions of the human body, together with morbid or pathological anatomy. An hour was passed very pleasantly, much being found in the collection really interesting and instructive. The dissections are true to nature; and to the practical student of anatomy, the models afford great satisfaction. No one can see the sable Moorish girl, and the beautiful manner in which the parts are dissected, and hear the Signor demonstrate them as they are removed, organ by organ, without admiring the mechanical skill displayed, and the close adaptation to nature. The pathological specimens, representing 70 various diseases, are a true type of what may be seen in our large hospitals. To all, and particularly to medical men, who have never seen this Florentine Museum, we would recommend a visit to the unique collection of Signor Sarti, at No. 228 Washington st.

Dr. Webster and his Spiritual Adviser.—At the meeting of the Governor and Council to consult on Dr. Webster's case, last week, several individuals appeared in his behalf, and another meeting for the same purpose, intended to be the last, was appointed for Thursday of this week. In the Rev. Dr. Putnam's plea in behalf of a commutation of the sentence of death, he alludes to the barbarous manner in which the remains of the late Dr. Parkman were disposed of. He seems to think there was no special exhibition of hard-heartedness in the case, but that medical men in general have no sort of feeling in such matters, and can cut or slash the dead body with perfect *sang froid*. With the utmost deference to the rectitude of Dr. Putnam's intentions in endeavoring to soften the public sentiment respecting the atrocity alluded to, we cannot allow the profession to have feelings and actions attributed to them which do not in fact exist. The intelligent portion of the community know full well the

importance of the study of anatomy, and that for any other purpose than the benefit of science dissections of dead bodies would never be made. Upon that portion of the community we have no fear that the assertions of Dr. P. will have any injurious influence; but among those who are less informed, it may produce unpleasant feelings towards medical men, and in divers ways may tend to bring reproach upon the profession. It is perhaps unnecessary for us to state, as we feel warranted in doing, in unequivocal terms, that the statements alluded to misrepresent the character and feelings of the profession entirely. The whole fault in this melancholy case lies at the door of the one who now confesses that he perpetrated the tragedy. If this same confession had been made immediately after the homicide, no one can for a moment doubt that the result would have been entirely different from what it now is.

Health of Boston.—The weekly report of deaths for the city still shows an unusual state of good health. The affections of the bowels, which generally at this time begin to increase the mortality of this as well as other cities, and which last year were in so many places considered precursors of the cholera, have not manifested themselves as yet beyond their usual prevalence; indeed they scarcely exhibit their average fatality. The report the last week shows the singular fact of half as many deaths over 60 years of age as there were under 5.

Medical Miscellany.—At the late disastrous conflagration in Philadelphia, it appears there were *one hundred and fifty-six killed and wounded*. The wounded were carried to the hospitals, presenting all kinds of cases—fractures of every variety, dislocations, burns, concussions, compression, &c. &c. The explosions which caused many of these accidents were from saltpetre, which has not heretofore been universally considered of an explosive character.—In the city of Cambridge, we learn there are many cases of typhoid fever.—Accounts reach us of the prevalence of the cholera in the South and West.—Dr. Thomas Williamson, who goes out in the frigate Congress as Fleet Surgeon, for the Brazilian squadron, has been in active service at sea and on shore for thirty-five years.—It is said that coffee has been known to *cure* the whooping cough in children. It is to be administered during the paroxysm in small doses. We have never tried it, but the authority from which the remedy is proposed, makes it worthy of trial.

MARRIED.—At Norton, 26th ult., Dr. William Jackson, of Gardiner, Me., to Miss Abby C., daughter of W. A. West, Esq., of N.—At Charleston, S. C., Dr. Wm. E. Jervey to Susan Maine, daughter of the late Capt. Thomas Choate, formerly of Newburyport.—Dr. S. Warren, of Waltham, to Miss Susan E. Bates.—Dr. B. Caro, of Berlin, Germany, to Miss E. A. Smith.

DIED.—At New Haven, Ct., suddenly, on the 26th ult., Adin Hall, M.D., aged 63.

Deaths in Boston—for the week ending Saturday noon, July 13th, 54.—Males, 27—females, 27. Apoplexy, 1—inflammation of the brain, 1—consumption, 10—convulsions, 4—cholera infantum, 1—chorea, 1—canker, 2—debility, 2—dysentery, 2—dropsy of brain, 3—drowned, 2—erysipelas, 1—scarlet fever, 2—lung fever, 1—rheumatic fever, 2—gangrene, 1—hooping cough, 1—infantile diseases, 2—disease of the liver, 1—marasmus, 4—old age, 2—overdose of laudanum, 1—palsy, 1—smallpox, 3—inflammation of the stomach, 1—unknown, 1—worms, 1.

Under 5 years, 22—between 5 and 20 years, 4—between 20 and 40 years, 15—between 40 and 60 years, 2—over 60 years, 11. Americans, 25; foreigners and children of foreigners, 29.

The Roper Hospital.—This Institution, founded by the munificence of the late Col. Thomas Roper, of Charleston, will probably go into operation much sooner than was contemplated by the legatee. One of the clauses of his will specified that the building should not be erected until fourteen years shall have expired from the date of his death, unless a donation or donations, sufficient to warrant the Trustees to proceed immediately to its erection, should in the meantime be received from other sources; in which event they are authorized to build the Hospital. The City Council of Charleston, with great liberality, have contributed a sum sufficiently large, when added to the present funds of the Hospital, to enable the Trustees to commence operations. It is expected that the building will be opened for the reception of patients in January, 1852. We take pleasure in recording this act of charity, inasmuch as acts of a similar kind are somewhat rare at the South. While we have frequent accounts of munificent bequests, for similar purposes, by the wealthy men of the Northern cities, it is very rare to hear of such in the Southern section of the United States. It is true that we are not flooded by paupers (which is the class that supplies the hospitals with patients), as are those cities. But we have a certain number of foreign paupers, who need asylums of that character.—*Charleston (S. C.) Med. Jour.*

Remarkable Length of Cord. By Dr. NEUGEBAUER.—After a natural labor, the funis was found coiled round the child's body six times. It was of normal structure, but very thin, and is supposed by the author to be the longest on record. It measured $67\frac{3}{4}$ Schleswig inches (1.653 metre). Busch, in 2077 births, found only four examples of the funis measuring from 40 to 46 inches. Osiander mentions one of 50 inches as a most rare occurrence. Siebold indicates one of 52, Michaelis one of 53, Baudelocque one of 57; one of this last length having also been observed once in 12,329 births, at the Prague Lying-in Institution. The longest, prior to the present one, was indicated as measuring 60 inches, by Michaelis.—*Caspar's Wochenschrift*, 1849, No. 41.

Medicine in Spain.—It seems that of late the youth of Spain have manifested so marked a preference for the medical and legal professions, and so decided a repugnance at the very name of a trade, that the minister of the interior has thought it expedient to circulate the following notice very extensively:—"In a social point of view," says the minister, "the country loses, in each of its members thus disgraced, a useful individual; in an economic point of view, society is thus deprived of capital which becomes unfruitful. Meanwhile," adds he, "our sea-ports want pilots, our manufactories want dyers, designers, weavers; we have a lack of men skilled in engineering, in mechanics, &c.; in a word, every branch of industry languishes for want of qualified artisans."—*Union Médicale*.

Appointment of Army Surgeons.—The Board of Army Surgeons, lately assembled in New York, have approved of Asst. Surgeons Chas. H. Lamb, Richard H. Coolidge, and Alexis H. Witherspoon for promotion to the Medical Staff. The following applications for Asst. Surgeons have been approved:—Samuel W. Crawford and Wm. H. Tingley, of Pennsylvania; John J. Milhan, New York; Aquilla T. Ridgley, Louisiana; Chas. Page and Archibald Taylor, Virginia; Charles Sutherland, Pennsylvania.

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